

Application for Talking Book Program

Date: _____

Applicant Information

Name: Last _____ First _____ M.I. _____

Address _____

City _____ State VA Zip code _____

Birthdate _____

Name of parent/guardian (if applicable) _____

Phone _____

E-mail _____

☐ **VETERANS:** Check here if you have been honorably discharged from the Armed Forces of the United States. By law, preference in lending Talking Book Program materials and equipment is given to veterans.

Alternate Contact

Name _____

Relationship _____

Phone _____

E-mail _____

Notice: Virginia Code Section 2.2-3705.7 (3) "Library records that can be used to identify both (i) any library patron who has borrowed material from a library and (ii) the material such patron borrowed" are confidential.

Access Services Library
12000 Government Center Pkwy, Suite 123
Fairfax, VA 22035-0012
Voice: 703-324-8380 TTY: 703-324-8365
FAX: 703-653-9515
Email: libas@fairfaxcounty.gov

 **Fairfax County Public Library**
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Certification. This section must be completed by a competent certifying authority. Competent authority is defined to include doctors, registered nurses, or professional staff of hospitals, public or private welfare agencies (e.g., social worker, case worker, counselor, certified reading specialist, librarian). In the absence of any of these, certification may be made by professional librarians or by other persons whose competence under specific circumstances is acceptable to the Library of Congress.

I certify that the applicant is unable to read or use standard printed material for the reason(s) indicated. Check all that apply:

- ☐ **Blindness.** An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.
- ☐ **Visual Disability.** Inability to read standard printed material without special aids or devices other than regular glasses.
- ☐ **Physical Disability.** Difficulty holding a book, turning pages, or focusing the eyes.
- ☐ **Deaf/Blind.** Blindness combined with inability to hear or understand speech.
- ☐ **Reading Disability.** Organic dysfunction of sufficient severity as to prevent reading printed material in a normal manner.

To be completed by Certifying Authority

Printed Name _____
Title _____ Organization _____
Email _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature _____ Date _____

Service Requested. Please check one:

- ☐ I have a mobile device (iPhone, Android, iPad, or Kindle Fire) and internet or cellular access. I would like to download audio books from Braille & Audio Reading Download app (BARD Mobile). BARD Mobile is a web-based, password-protected service that provides **immediate access** to thousands of audio and braille books, magazines, and music scores available from NLS.
- ☐ I have a personal mobile device and would like access to BARD Mobile, but I would also like digital talking books and magazines on cartridge/flash drive mailed to my home through USPS.
- ☐ I don't have a personal mobile device. Please mail digital talking books and magazines on cartridge/flash drive to my home through USPS.

Other Materials Requested. Check all that apply:

- ☐ Music appreciation/braille or large-print scores/instructional talking books and magazines on cartridge/flash drive. Note: The NLS Music program does not provide recorded music for recreational listening.
- ☐ Hardcopy braille books and/or magazines.
- ☐ Descriptive DVDs (popular movies with described action).

I would like to receive more information about:

- ☐ Digital talking book machine accessories.
- ☐ Home delivery of large print library materials.
- ☐ Braille eReader.
- ☐ iBill Currency Reader.
- ☐ Other services provided through the VA Department for the Blind and Vision Impaired.

- ☐ Audio recording of the bimonthly Library of Congress publication announcing newly recorded books (Talking Book Topics).
- ☐ Format preferred for our library newsletter Loud and Clear:
 - ☐ Audio recording ☐ Email ☐ Hard copy in braille

Reading Preferences.

- ☐ Send only the specific titles I request. Do not select titles for me.
- ☐ The library may select titles for me in addition to selections I make or when my requested books are not available.

Preferred reading level:

- ☐ Juvenile: Grade levels _____
- ☐ Young adult
- ☐ Adult

Check if you wish to receive books in a language other than English:

- ☐ Language _____

Do you also have a hearing impairment? Please indicate:

- ☐ Moderate – Some difficulty hearing and understanding speech.
- ☐ Profound – Cannot hear or understand speech.

How did you learn about the NLS free library services?

Check up to three:

- ☐ Veterans Affairs/Defense Health Agency
- ☐ School
- ☐ Friend/Family
- ☐ Consumer/Support Group
- ☐ TV Ad
- ☐ Other Ad (please specify) _____
- ☐ Other (please specify) _____
- ☐ Other Healthcare Professional
- ☐ Vocation Rehabilitation Center
- ☐ Public Library
- ☐ Event/Expo
- ☐ Radio Ad
- ☐ Internet/Social Media (please specify) _____

Return your application to any Fairfax County Public Library location.

OR

Fold along the line so the address on the bottom of this page is visible.
Staple or tape the application closed and drop it in the mail. No postage is necessary.

FREE MATTER
FOR THE BLIND
AND PHYSICALLY
HANDICAPPED

**Access Services
Talking Book Program
Fairfax County Public Library
12000 Government Center Pkwy Suite 123
Fairfax, VA 22035-0001**